

Exhibit "A"
BASHEIN & BASHEIN CO., L.P.A.
Terminal Tower, 35th Floor
50 Public Square
Cleveland, Ohio 44113
(216) 771-3239

DISBURSEMENT SHEET

CLIENT: Eric Henry
CO-COUNSEL: Frank Zobec (33⅓% of total attorney fees)

AMOUNT RECEIVED.....	\$425,000.00
Less Attorney's Fees at 40%.....	\$170,000.00
Adjusted Gross Award.....	\$255,000.00

PREPAID LITIGATION EXPENSES

Ciox Health	217.01
Medinform	19.50
IOD, Inc.	53.85
Cuyahoga County Common Pleas Court	268.95
Avalon Document Service	55.60
Judge Joseph Gibson (Mediator)	2,916.66
Copying and postage	<u>27.50</u>
Total Expenses	\$3,559.07

MEDICAL LIENS

Bureau of Workers Compensation (reduced)	\$30,000.00
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NET	\$221,440.93
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I understand that it will be my responsibility to report these funds to any of the following agencies from which I receive any monies: Public Assistance, Medicare, Medicaid, Social Security Disability, Supplemental Security Income, or special disability pensions. I acknowledge receipt of this information and agree to make the necessary disclosure as required by the benefits program in which I am participating. I further understand that I am responsible for any of my unpaid medical bills not being held out of these funds and further that I am responsible for any and all subrogation and/or reimbursement claims by any health insurance company, including the Bureau of Workers' Compensation, Medicare and/or Medicaid not being held out above. I hereby approve of payments listed herein, and acknowledge receipt thereof

Client's Signature: _____ Date: _____

Attorney's Signature: _____ Date: _____

Attorney's Signature: _____ Date: _____